

Factors Relating Selection Of Traditional Birth Attendant Assistance In Sukakarya Village, Samarang Sub-District, Garut District, 2014

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ABSTRACT

Maternal and infant mortality rate is the most important part related to the age of life literacy of Indonesian population. Data from Health Department of Garut District shows that childbirth rate by traditional birth attendants (TBAs) in public health center of Sukakarya only 28% in 2012. The purpose of this study was to analyze the relationships between the level of knowledge, economic status, service delivery by traditional birth attendants and the selection of delivery assistance by TBAs. The method was used analytical research with cross sectional design. The participants were pregnant mothers who recorded in the data of maternal deliveries target. The data was collected by interview from 45 pregnant mothers. The results showed that the majority of pregnant mothers (64.0%) had a good perception level of service delivery by TBAs ($P= 0.521$). The most pregnant mothers (92.9%) who have a poor level of knowledge and low level of socioeconomic (75.9%) chose to deliver by assistance of traditional birth attendants ($P = 0.004$; $P= 0.003$, respectively). This study suggested that primary healthcare professionals are expected to increase pregnant mothers' knowledge in term of selecting birth attendance assistance by promote health education, thus can support them to choose delivery at healthcare professionals.

Keywords: Deliveries with TBAs, knowledge, socio-economic, TBAs services

Background

In general, the health status of the community in Indonesia has shown improvement, although not in accordance with what is expected. Currently Maternal Mortality Rate (MMR) and infant mortality rate (IMR) based on the Indonesian Demographic and Health Survey (IDHS) 2013 is still quite high compared to countries in ASEAN. The rate is currently is 359 per 100,000 live births MDG target of 102 per 100,000 live births in 2015. While based IDHS 2013 IMR of 34 per 1,000 live kealahiran MDG target of 23 per 1,000 live births (Ministry of Health, 2011). Maternal mortality in West Java in 2012 amounted to 804 cases with infant mortality rate (IMR) of 5.5 per 1000 live births (health profile of West Java Province). The maternal mortality rate (MMR) in Garut in 2012 decreased from 2011, which was increased to 28 cases with the Infant Mortality Rate (IMR) of 298 cases. (Garut District Health Profile 2012). Many things that cause the high maternal mortality rate in Indonesia ranging from culture to health care access issues, in addition to the disparity in health status is also quite high. Amounting to 90% of maternal deaths due to causes that are directly related to the condition of pregnancy, labor and childbirth, such as hemorrhage, eclampsia and infections. In addition to the direct causes, indirect causes such as "4 Too" (too young, too old, too often

and too much) and "3 Too Late" (late decision, too late to reach health care facilities and delayed health services) is also an important factor that contribute to maternal mortality in Indonesia (Nuraeni 2012). Deliveries in the whole world is still dominated by TBAs (traditional birth attendants, TBA) which is about 75-80% around the 1990s and in the last 10 years decreased to 30-40%, especially in developing countries, such as Indonesia (Manuaba et al. , 2010).

The assumption that giving birth in an easier and cheaper shaman is one of the causes of aid delivery by non-medical personnel. Based on data from the Central Statistics Agency (BPS) tahun 2010, the percentage of aid delivery by herbalists for (27.4%) ranks second after the midwife / nurse in rural (63.9%), deliveries by doctors at (8.7%).

According to the theory Precede in Notoatmodjo (2003), proposed by Lawrence Green said that a person's behavior is influenced by two factors, behavioral factors (behavioral causes) and external factors, behavioral (non-behavioral causes). Furthermore, the behavior itself is made up of three factors: predisposing factors (knowledge, attitudes, beliefs, values education level, socioeconomic level, and so on). Enabling factors (affordability of various resources such as cost, distance, availability of transportation, and so on). And reinforcing factors (attitudes and

behavior of workers, including health workers).

Based on research conducted by Nurlatifah and Budi Palarto Banjarsari Village, District Grabag, Magelang District in 2009 showed that factors related to the choice of which knowledge birth attendants, economic status, and affordability of health facilities with the selection of aid delivery by TBAs. Meanwhile, according to research Buyandaya (2012), the factors that influence the selection of terdada delivery assistance that knowledge factors,

prenatal care, confidence in antenatal care, and social culture. In addition, research Arisani (2009) states that factors related to the choice of delivery attendants are factors Education, knowledge, habits of mothers and economic capabilities.

Of the health department's profile Garut that of 64 701 women giving birth, just as many as 54 264 (83%) of mothers who deliver at health professionals. While the remaining approximately 10 437 (17%) mothers deliver at TBAs.

Table 1

Fifteen of the order of power Rescued Non Delivery of Health

No	Target Center	Health health workers	Rescued	Non-health workers	% health workers per Target
1	Cihurip	526	319	207	39%
2	Banjarwangi	1538	1018	520	34%
3	Cisompet	1438	963	475	33%
4	Sindangratu	1757	1212	545	31%
5	Talegong	892	622	270	30%
6	Karangtengah	503	351	152	30%
7	Cisewu	872	609	263	30%
8	Cibiuk	831	583	248	30%
9	Sukakarya	1168	844	324	28%
10	Mekarmukti	454	326	128	28%
11	Singajaya	1234	894	340	28%
12	Samarang	1168	855	313	27%
13	Leuwigoong	1224	901	323	26%
14	Sukarame	871	660	211	24%
15	Sukamulya	901	695	206	23%

Source: Profile Garut District Health Office in 2012

Based on the results of preliminary studies in PHC Sukakarya that in 2013, the amount of aid deliveries conducted by skilled health personnel only 858 (77.4%). While the amount of aid deliveries

conducted by TBAs in 2013 were 250 (23.3%) of the number of women giving birth in 1108 targets the number of maternal deaths 2 cases, and 14 cases of infant mortality from various causes. Based

on preliminary studies above, there are many women who do deliveries by traditional birth attendants, then by knowing the cause of mothers choose birth attendants by TBAs, is expected to help motivate health workers as birth attendants, thus reducing mother who did aid deliveries by traditional birth attendants, so it can help reduce maternal and infant mortality. Therefore researchers interested in conducting research entitled factors related to the choice of delivery assistance by TBAs in the Village Sukakarya Samarang Sub Garut 2014.

1. Formulation of the problem
2. Based on the above, that there are many elections aid delivery by non-medical personnel (TBAs), the formulation of the problem in this research is "What factors are associated with voting behavior aid delivery by traditional birth attendants in the village Sukakarya Samarang Sub Garut 2014.
3. Research purposes
4. The purpose of this study was to determine the factors associated with voting behavior aid delivery by traditional birth attendants in the village Sukakarya 2014. In addition, this study aims to:
 - a. Knowing the description of knowledge, socio-economic, perceptions of service by traditional birth attendants and mothers who choose to

conduct aid deliveries by traditional birth attendants in the village Sukakarya 2014.

- b. Determine the relationship of knowledge to aid the selection of behavior delivery by traditional birth attendants in the village Sukakarya 2014.
- c. Know the socio-economic relations with voting behavior aid delivery by traditional birth attendants in the village Sukakarya 2014.
- d. Knowledgeable relationship maternal perceptions of service delivery by traditional birth attendants with voting behavior aid delivery by traditional birth attendants in the village Sukakarya 2014.

Research Methodology

This research is a descriptive cross sectional analytic approach. The variables in this study include knowledge, economic status, and service delivery by traditional birth attendants and the dependent variable is the behavior of the selection aid delivery by TBAs. The population of pregnant women as much as 96 in the Village Sukakarya Samarang District of Garut. How to sampling in this study using purposive sampling, ie sampling based on objective study of mothers who choose to aid deliveries by traditional birth attendants in the village Sukakarya by 45 pregnant women were taken

from each IHC in the village Sukakarya consisting of 11 IHC.

In this study, the primary data will be obtained by using a questionnaire to test the validity and reliability in advance. Secondary data in this study were obtained from the existing village midwives and health center Sukakarya Garut district health authorities about the number of pregnant women and other data associated with this research.

Research Result

1. Univariate analysis

a. Knowledge

Variables measured with 10 grains knowledge questions, each question correctly were given 1 point and 0 points if any. For the purposes of the analysis are taken from the median value obtained 8. further classified into two groups: less good knowledge and good knowledge. Said to be lacking if the respondent answered <median (8) and said good knowledge if \geq median (8). The results of the analysis are shown in Table 2.

Univariate analysis was conducted to determine the distribution of the average frequency of the independent variables and the

bivariate analysis conducted on two variables links between age, duration of work and knowledge are allegedly associated or correlated with the performance of TBAs. To determine the relationship between the variables of age, duration of work and knowledge (independent) with a performance of traditional birth attendants (dependent) through statistical test Chi-Square Goodness of fit types with 95% Confidence Interval at $\alpha = 0.05$. This research has been conducted in the village Sukakarya Samarang Sub Garut. The time of this study in March to May 2014.

2. Univariate analysis

a. Knowledge

Variables measured with 10 grains knowledge questions, each question correctly were given 1 point and 0 points if any. For the purposes of the analysis are taken from the median value obtained 8. further classified into two groups: less good knowledge and good knowledge. Said to be lacking if the respondent answered <median (8) and said good knowledge if \geq median (8). The results of the analysis are shown in Table 2.

Table 2

Distribution Of Respondents Based On Knowledge The Village Sukakarya 2014

Knowledge	Frequency (f)	Percentage (%)
Less Good	14	31,10%
Both	31	68,90%
Total	45	100%

b. Economic Status

Economic status variables were grouped into two groups: low economic status and high economic status. Said to be low if the respondent income of less than Rp.

965,000, while said to be high when the economic status of respondents revenue of more than USD 965,000. The results of the analysis are shown in Table 3.

Table 3

Distribution Of Respondents By Economic Status The Village Sukakarya 2014

Economic Status	Frequency (f)	Percentage (%)
Low	29	64,40%
High	16	35,60%
Total	45	100

a. Perception Mother of the Service Delivery by Shaman Babies

Variable service delivery by traditional birth attendants were measured with 5 questions, given the value of 1 if the answer is positive,

and 0 if the answer is negative. Grouping is done based on the median value (5). Said to be less if <medians (5), said to be good if ≥ median value (5). The results of the analysis are shown in Table 4.

Table 4

Distribution of respondents based on perceptions of services delivery by TBAs the village sukakarya 2014

Shaman Service Frequency	Frequency (f)	Percentage (%)
Less than	20	44,40%
Both	25	55,60%
Total	45	100

b. Delivery Helper Electoral Behavior

Variable birth attendants voting behavior measured by one question, given the value of 1 if the

respondent chose to give birth at a midwife or health worker, and 0 if the respondent chose to deliver at TBAs. The results of the analysis are shown in Table 5.

Table 5

Distribution of respondents based on voting behavior birth attendants The village Sukakarya 2014

Delivery Helper	Frequency (f)	Percentage (%)
TBAs	26	57,8 %
Midwives	19	42,2 %
Total	45	100

3. Bivariate analysis

a. Relationship with the Electoral Knowledge Delivery Assistance

Table 6

The relationship between the Electoral Knowledge Delivery Assistance Pregnancy in Rural Sukakarya 2014

Knowledge	Selection Relief				Total		P Value	Or	Ci 95%
	TBAs		Midwives		n	%			
	n	%	n	%					
Less Good	13	92,9	1	7,1	14	100,0	0,004	18,0	2,1 - 155,4
Both	13	41,9	18	58,1	31	100,0			
Total	26	57,8	19	42,2	45	100,0			

Further results of analysis obtained by the value of odds ratio of 18.0 (95% confidence interval: 2.1 to 155.4), meaning that respondents who have poor knowledge about childbirth had 18.0 times the risk for conduct deliveries in TBAs compared with respondents who

have a good knowledge about childbirth.

b. Relationship with the Economic Status of Births Assisted Selection table 7

Table 7

The relationship between the Economic Status of Births Assisted Selection Pregnancy in Rural Sukakarya 2014

Economic Status	Selection Relief				Total		P value	OR	CI 95%
	TBAs		midwife		n	%			
	n	%	n	%					
Low	22	75,9	7	24,1	29	100,0	0,003	9,4	2,3 - 38,8
High	4	25,0	12	75,0	16	100,0			
Total	26	57,8	19	42,2	45	100,0			

The results obtained by analysis of the value of odds ratio of 9.4 (95% confidence interval: 2.3 to 38.8), meaning that respondents who have low economic status had 9.4 times the risk for conduct deliveries

in TBAs compared with respondents who has a high economic status.

c. Relationship Perception Maternity Care in Infants with Election Shaman Delivery Assistance

Table 8

The relationship between the perception of Delivery Services in Shaman Babies Pregnancy Childbirth Assistance Selection in the Village Sukakarya

Perception Shaman Services	Selection Relief				Total		P Value	Or	Ci 95%
	Tbas		Midwife		N	%			
	N	%	N	%					
Low	10	50,0	10	50,0	20	100,0	0,521	0,6	0,17 - 1,9
High	16	64,0	9	36,0	25	100,0			
Total	26	57,8	19	42,2	45	100,0			

Proportion election delivery assistance by TBAs in women who have a good perception of the service of a greater TBAs is 64.0% (16 people) compared with less perception of the service delivery TBAs is 50.0% (10 persons), while the who chose aid deliveries by midwives are mostly found on the respondents who have a poor perception of the service delivery TBAs is equal to 50.0% (20 people). Statistical test results prove there is no significant difference between the proportion of respondents who have a good and a poor perception of the service delivery by traditional birth attendants, which is obtained p-value = 0.521, or no significant relationship between mothers who have good and less good perception of the service deliveries by traditional birth attendants with the selection of delivery assistance by TBAs.

Discussion

1. Electoral Knowledge relationship with Delivery Assistance by Shaman Babies

Sukakarya Village Samarang Sub Garut.

Knowledge or cognitive domain is very important in shaping a person's actions. Behavior that is based on the knowledge of more lasting than the behavior that is not based on knowledge (Notoatmodjo, 2003). Additionally, knowledge of predisposing factors in the formation of individual behavior (Green in Notoatmodjo, 2003).

Knowledge in this study is everything that is known by the mother of childbirth, childbirth healthy, and likely to happen at the time of delivery. The study, conducted by researchers at the 45 respondents in the village Sukakarya 2014 showed that most of the good mother as much as 68.9% knowledgeable (31 people). Another study conducted by Elvistrion Juliwanto (2008), entitled Factors Affecting Decision on Choosing a Childbirth Pregnancy Helper in District Babul Rahmah Southeast Aceh Regency in 2008 showed that of the 20 respondents who choose to

give birth at TBAs, 63.6% have less knowledge.

According to the researchers assumed that mothers who have a good knowledge about childbirth, they will know about the possibilities that will occur at the time of delivery, as well as anxiety levels will also be higher for labor, so that they will look for draft pick more professional services and health personnel skilled labor to help them. The results showed that mothers choose birth attendants by TBAs 92.9% in women who are knowledgeable are less good, than women with good knowledge of 58.1%. This indicates that the better knowledge of the mother, the less likely birth attendants make your choice by TBAs.

Statistically by chi square test showed that there is a relationship with the mother's knowledge election birth attendants with p value = 0.004. With the value of the odds ratio of 18.0, which means that birth mothers with poor knowledge to choose TBAs 18.0 times compared with the right kind of knowledge.

This situation reflects that have partial knowledge of the relationship with the selection birth attendants, meaning that the higher the mother's knowledge, the tendency of mothers choose penelong delivery on midwife or other medical personnel increasingly high, but if faced with other problems such as economic factors or needs urgent due kuragnya asks to health care, then the mother will

choose to decide utilize traditional birth attendants to assist childbirth.

This research is consistent with studies dilakukan by Nurlatifah Amilda (2010), that mothers with less knowledge 55.6% would choose traditional birth attendants to assist childbirth, compared to women with a high knowledge of 44.4%.

According Elvistron Kamil in 2010, the utilization of labor pertologan by professionals (midwives) in the community is still very low compared with the expected indicators. It is caused by maternal factors such as knowledge, attitudes, against the decision to utilize experts in attendance at the birth, as well as outreach to health care.

2. Relationship Status with the Economic Selection of Delivery Assistance by Shaman Babies Sukakarya Village Samarang Sub Garut.

Low economic status of the family will find it difficult to help someone achieve optimal health (Supartini, 2004). In contrast with the economy increases, the ability in the maintenance and improvement of the health of families also increased (Notoatmodjo 2003).

The study, conducted by researchers at the 45 respondents in the village Sukakarya 2014 showed that most mothers have lower economic status as much as 64.4% (29 people). Another study conducted by Nur Latifah (2010) with the title of Factors Related to Childbirth Election Helper found that the majority of respondents (58.3%)

Conclusions and Recommendations

1. Conclusion

- a. Most of the respondents have a good knowledge. While in terms of economic status, most of the respondents have a lower socioeconomic and some of the respondents have a good perception of the service delivery by TBAs.
- b. There is a significant correlation between maternal knowledge to aid the selection of delivery by TBAs
- c. There is a significant correlation between socioeconomic mother with the selection of aid delivery
- d. There is no significant correlation between TBAs with the selection of the service delivery assistance by TBAs

2. Suggestions

From the results of this study are expected to motivate health workers to improve service delivery, especially in Puskesmas Sukakarya and is expected to provide outreach to the community, especially to pregnant women about the selection of delivery assistance. In addition, families of pregnant women are also expected to prepare everything, including labor costs since knowing kehamilannya.

In addition, the results of this study can be used as a reference in the library to develop educational

activities, add insight and knowledge that is expected to improve the quality of education.

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